Mental Health Records Addendum Form*

*This form must be completed by any researcher desiring to conduct a review preparatory to research involving mental health records protected by Florida law. This form must accompany one of the IRB review preparatory to research forms.

Name: ___________________________ Signature: ____________________________
Date: __________________

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A. My qualifications for conducting the research requested are as follows:

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B. I hereby certify that I will not re-disclose, in any manner or form (e.g., verbal, electronic, written), any patient identifying information in the course of conducting the review preparatory to research (initial here) ____________.

IRB ACTION:

Approved (after consultation with applicable NSU clinic): _______   Denied: _______

IRB Representative Signature: ________________________________ Date: ____________